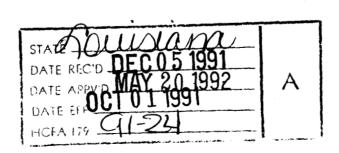
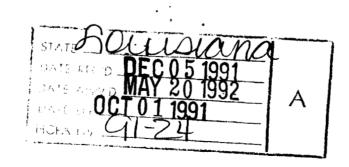
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-	
	State:	LOUISIAN	NA .			
Citation 1902(a)(52	•	Families	Receiving Extended	Medicaid Be	nefits	
and 1925 o the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).				
	(Þ)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).				
<i>:</i>						
		se re th ir	qual in amount, durate ervices provided to decipients, (or may be arough a caretaker reasourance plan) minus ollowing acute services.	categoricall e greater if elative empl any one or	y needy AFDC provided oyer's health	
		口	Nursing facility se services in an inst diseases) for indiv older.	itution for	mental	
		口	Medical or remedial licensed practition		ded by	
		口	Home health service	18 .		
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TN No	PA Approval	Date MA	AY 20 1992 Effect	tive Date 0	CT 0 I 1991	
TN No.	7-UX					



HCFA ID: 7982E

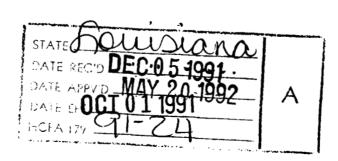
	Revision:	HCFA-PM-91- AUGUST 1991	4 (BPD)	OMB No.: 0938-
		/	LOUISIANA	•
	Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits
				Private duty nursing services.
			\Box	Physical therapy and related services.
			口	Other diagnostic, screening, preventive, and rehabilitation services.
	·		\Box	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
			口	Intermediate care facility services for the mentally retarded.
•		·	, []	Inpatient psychiatric services for individuals under age 21.
				Hospice services.
			_7	Respiratory care services.
			<i></i>	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 71-257
Superseded Approval Date MAY 20 1992 Effective Date OCT 0 1 1991
TN No. 70-18, 3(2)
HCFA ID: 7982E



			31C
Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:	LOUISIAN	IA
<u>Citation</u>		ilies Rec ontinued)	ceiving Extended Medicaid Benefits
	(c) <i></i> /	fees, for he	gency pays the family's premiums, enrollment deductibles, coinsurance, and similar costs ealth plans offered by the caretaker's yer as payments for medical assistance
			1st 6 months / 2nd 6 months
		employ	gency requires caretakers to enroll in yers' health plans as a condition of bility.
		\Box	1st 6 mos.
	(d) <i></i> /	far ext	e Medicaid agency provides assistance to milies during the second 6-month period of tended Medicaid benefits through the llowing alternative methods:
			Enrollment in the family option of an employer's health plan.
		\Box	Enrollment in the family option of a State employee health plan.
		<i>二</i>	Enrollment in the State health plan for the uninsured.
:		\Box	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

TN No. 91-25/
Supersedes 0-18 Approval Date MAY 20 1992 Effective Date OCT 01 1991
TN No. 90-18 Approval Date MAY 20 1992 HCFA ID: 7982E



Revision:

HCFA-PM-91- 4 **AUGUST 1991**

(BPD)

OMB No.: 0938-

State:

LOUISIANA

Citation

C

:

3.5 Families Receiving Extended Medicaid Benefits (Continued)

> Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- The agency--(2)
 - Pays all premiums and enrollment fees imposed on the family for such plan(s).
- Pays all deductibles and coinsurance imposed on (ii) the family for such plan(s).

Toppoval Date MAY 20 1992 Effective Date Supersed Page 31c TN No. HCFA ID: 7982E

